



## PATIENT

Carson Genna Genna

## SPECIES

Canine

## BREED

Maltese Mix

## SEX

MN

## AGE

10Y

## WEIGHT

8.3kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Nicole Tippie

## HOSPITAL NAME

Pet Emergency &  
Referral Center - NVA

## REFERRING VET

Bushra Zaidi

## INVOICE

73058

## DATE

12-18-25

## PRESENTING CLINICAL SIGNS

Left caudal pulmonary mass, suspected pulmonary carcinoma based on FNA. Coughing

## COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a post-contrast CT study of the thorax is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The main pulmonary artery is prominent, measuring 2x the diameter of the aorta. Multiple peripheral segments of the pulmonary arteries of the caudal lung lobes present mild mineralization.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The caudal part of the left cranial lung lobe is consolidated and has a homogeneous attenuation and contrast enhancement pattern – measuring 3.4 x 5.4 x 5.5 cm. Throughout the remaining lung lobes, multiple zones with dystelectasis are appreciated.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

### Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary soft tissue mass caudal part left cranial lung lobe
- Multiple zones with dystelectasis throughout the remaining lung lobes
- Mild peripheral pulmonary artery mineralization



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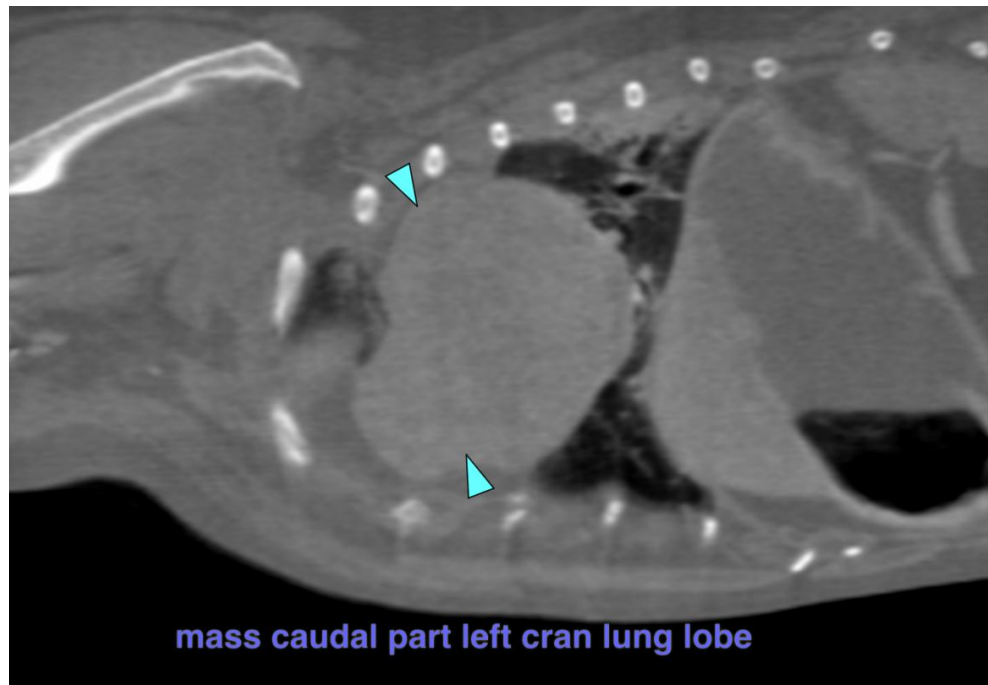
12-18-25

- Enlarged main pulmonary artery

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of a soft tissue mass originating from the caudal part of the left cranial lung lobe – compatible with primary pulmonary neoplasia, carcinoma is most common. Ultrasound guided FNA sampling of the pulmonary mass can be performed for specification. Complete surgical resection of the pulmonary mass appears feasible. The CT study is negative for pulmonary metastatic spread.

The enlarged main pulmonary artery is concerning for pulmonary hypertension – although no overt changes of the right ventricle of the heart are appreciated. The segmental pulmonary artery mineralization can be caused by preceding or ongoing parasitic infection, such as *Dirofilariasis*. Testing for potential infection following the guidelines of the “American Heartworm Society” <https://www.heartwormsociety.org> may be beneficial.





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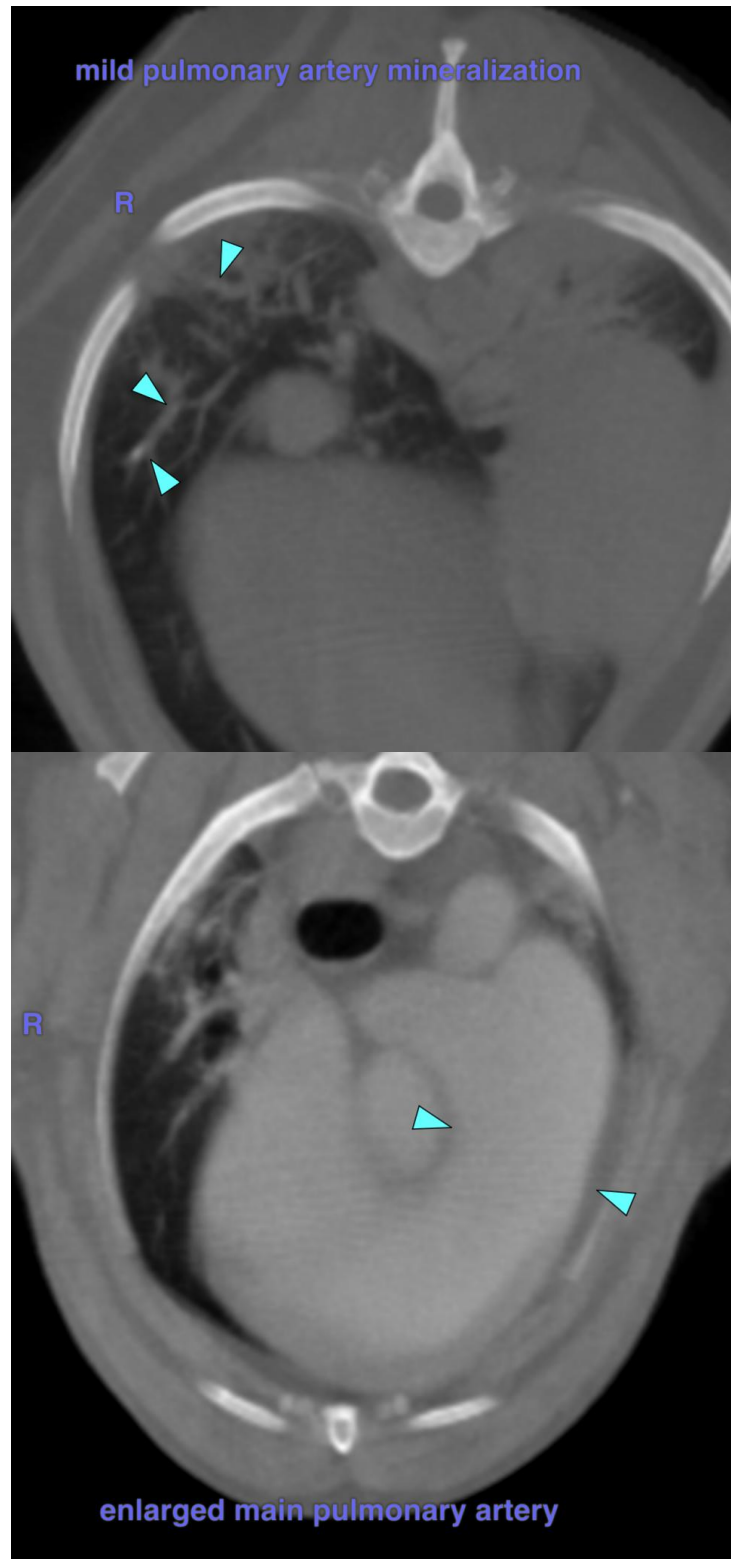
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)